



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

CELTIC INSURANCE COMPANY

NAIC Group Code1295, 1295NAIC Company Code80799Employer's ID Number06-0641618

(Current Period)(Prior Period)

Organized under the Laws ofIllinois, State of Domicile or Port of EntryIllinois

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health [X]Property/Casualty []Hospital, Medical & Dental Service or Indemnity []

Dental Service Corporation []Vision Service Corporation []Health Maintenance Organization []

Other []Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized05/03/1949Commenced Business01/20/1950

Statutory Home Office77 W. Wacker Drive, Suite 1200Chicago, IL, US 60601

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office77 W. Wacker Drive, Suite 1200

(Street and Number)

Chicago, IL, US 60601800-714-4658

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address77 W. Wacker Drive, Suite 1200Chicago, IL, US 60601

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records77 W. Wacker Drive, Suite 1200

(Street and Number)

Chicago, IL, US 60601800-714-4658

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site Addresswww.celtic-net.com

Statutory Statement ContactStephanie J. Lange314-519-0041

(Name)(Area Code) (Telephone Number) (Extension)

stephanie.j.lange@centene.com314-725-4658

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
Anand A. Shukla	President	David J. Burke	Vice President, Treasurer
Karen E. Wegg	Vice President		

OTHER OFFICERS

Barbara J. Basham	Vice President	John P. Ryan	Vice President
Steele Stewart	Vice President, Actuary	Tricia L. Dinkelman	Vice President of Tax
Keith H. Williamson	Secretary		

DIRECTORS OR TRUSTEES

Anand A. Shukla	Tricia L. Dinkelman	David J. Burke	Christopher R. Isaak
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State of Illinois

County of Cook

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Anand A. ShuklaPresidentDavid J. BurkeVice President, TreasurerKaren E. WeggVice President

Subscribed and sworn to before me this day of , 2018

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Pedro Galvin, Notary Public

12/23/2019

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	10,173,830		(100,897)	38,054,087	10,072,933	10,173,830
2. Claim overpayment receivables	3,048,076			3,074,351	3,048,076	3,048,076
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	13,221,906	0	(100,897)	41,128,438	13,121,009	13,221,906

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2017					NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		45			30						15			
2 First Quarter		45			30						15			
3 Second Quarter		43			28						15			
4. Third Quarter		42			27						15			
5. Current Year		36			23						13			
6 Current Year Member Months		498			324						174			
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written (b).....		131,851			131,851									
13. Life Premiums Direct.....		1,841									1,841			
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		135,130			133,289						1,841			
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services		57,267			57,267									
18. Amount Incurred for Provision of Health Care Services		0												

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 23

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1			1						
2. First Quarter	1			1						
3. Second Quarter	1			1						
4. Third Quarter	1			1						
5. Current Year	1			1						
6. Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,898			3,898						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,896			3,896						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	344			344						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2017					NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		5			3						2			
2. First Quarter		5			3						2			
3. Second Quarter		5			3						2			
4. Third Quarter		5			3						2			
5. Current Year		3			1						2			
6. Current Year Member Months		54			30						24			
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written (b).....		9,847			9,847									
13. Life Premiums Direct.....		517									517			
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		11,727			11,210						517			
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services		11,450			11,450									
18. Amount Incurred for Provision of Health Care Services		0												

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons insured under indemnity only products 1 _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	58,635	58,634								1
2. First Quarter	98,118	98,117								1
3. Second Quarter	91,856	91,855								1
4. Third Quarter	89,890	89,889								1
5. Current Year	85,721	85,720								1
6. Current Year Member Months	1,115,079	1,115,067								12
Total Member Ambulatory Encounters for Year:										
7. Physician	524,418	524,418								
8. Non-Physician	530,607	530,607								
9. Total	1,055,025	1,055,025	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	32,241	32,241								
11. Number of Inpatient Admissions	7,939	7,939								
12. Health Premiums Written (b).....	380,826,585	380,826,585								
13. Life Premiums Direct.....	4,359									4,359
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	380,830,944	380,826,585								4,359
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	257,387,568	257,387,568								
18. Amount Incurred for Provision of Health Care Services	280,142,670	280,142,670								

(a) For health business: number of persons insured under PPO managed care products 85,720 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF California		DURING THE YEAR 2017				NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2			2						
2. First Quarter	2			2						
3. Second Quarter	2			2						
4. Third Quarter	2			2						
5. Current Year	2			2						
6. Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	13,281			13,281						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	13,276			13,276						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,784			2,784						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2			2						
2. First Quarter	2			2						
3. Second Quarter	2			2						
4. Third Quarter	2			2						
5. Current Year	1			1						
6. Current Year Member Months	21			21						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	6,305			6,305						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,659			6,659						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,553			1,553						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	57			51						6
2. First Quarter	57			51						6
3. Second Quarter	55			49						6
4. Third Quarter	50			44						6
5. Current Year	50			46						4
6. Current Year Member Months	636			570						66
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	179,047			179,047						
13. Life Premiums Direct.....	438									438
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	181,600			181,162						438
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	100,398			100,398						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 46

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5			3						2
2. First Quarter	5			3						2
3. Second Quarter	5			3						2
4. Third Quarter	5			3						2
5. Current Year	5			3						2
6. Current Year Member Months	60			36						24
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	16,027			16,027						
13. Life Premiums Direct.....	70									70
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	16,090			16,020						70
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	15,578			15,578						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 3

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	1			1						
3. Second Quarter	1			1						
4. Third Quarter	1			1						
5. Current Year	0									
6. Current Year Member Months	9			9						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	90,292	88,903		1,382						7
2. First Quarter	237,558	236,200		1,351						7
3. Second Quarter	215,183	213,875		1,301						7
4. Third Quarter	201,129	199,864		1,258						7
5. Current Year	190,101	188,872		1,222						7
6. Current Year Member Months	2,569,027	2,553,547		15,396						84
Total Member Ambulatory Encounters for Year:										
7. Physician	1,112,677	1,112,677								
8. Non-Physician	746,779	746,779								
9. Total	1,859,456	1,859,456	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	55,692	55,692								
11. Number of Inpatient Admissions	11,002	11,002								
12. Health Premiums Written (b).....	719,026,337	714,643,347		4,382,990						
13. Life Premiums Direct.....	845									845
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	719,088,237	714,643,347		4,444,045						845
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	487,064,958	483,038,869		4,026,131						(42)
18. Amount Incurred for Provision of Health Care Services	525,696,232	525,696,232								

(a) For health business: number of persons insured under PPO managed care products 188,873 and number of persons insured under indemnity only products 1,222

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2017					NAIC Company Code		80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year	107	1		104						2				
2 First Quarter	98			96						2				
3 Second Quarter	94			92						2				
4. Third Quarter	94			92						2				
5. Current Year	92			91						1				
6 Current Year Member Months	1,134			1,113						21				
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b).....	320,812			320,812										
13. Life Premiums Direct.....	162									162				
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	320,681			320,519						162				
16. Property/Casualty Premiums Earned.....	0													
17. Amount Paid for Provision of Health Care Services	287,211			287,211										
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 91

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2017				NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26,406	26,378		7						21
2. First Quarter	40,451	40,424		6						21
3. Second Quarter	36,144	36,117		6						21
4. Third Quarter	33,274	33,247		6						21
5. Current Year	30,234	30,209		6						19
6. Current Year Member Months	424,069	423,751		72						246
Total Member Ambulatory Encounters for Year:										
7. Physician	114,227	114,227								
8. Non-Physician	112,240	112,240								
9. Total	226,467	226,467	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	7,015	7,015								
11. Number of Inpatient Admissions	1,502	1,502								
12. Health Premiums Written (b).....	82,505,623	82,476,600		29,023						
13. Life Premiums Direct.....	3,553									3,553
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	82,513,612	82,476,600		33,459						3,553
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	55,766,060	55,743,092		22,968						
18. Amount Incurred for Provision of Health Care Services	60,671,224	60,671,224								

(a) For health business: number of persons insured under PPO managed care products 30,209 and number of persons insured under indemnity only products 6

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2017				NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	12,389	12,295		.85						.9
2. First Quarter	53,436	53,351		.76						.9
3. Second Quarter	50,486	50,401		.76						.9
4. Third Quarter	48,239	48,154		.76						.9
5. Current Year	45,049	44,965		.76						.8
6. Current Year Member Months	592,280	591,263		.912						105
Total Member Ambulatory Encounters for Year:										
7. Physician	27,317	27,317								
8. Non-Physician	23,261	23,261								
9. Total	50,578	50,578	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	11,374	11,374								
11. Number of Inpatient Admissions	2,175	2,175								
12. Health Premiums Written (b).....	180,482,547	180,097,673		384,874						
13. Life Premiums Direct.....	695									695
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	180,864,645	180,482,546		381,404						695
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	121,923,682	121,721,812		201,870						
18. Amount Incurred for Provision of Health Care Services	132,482,986	132,482,986								

(a) For health business: number of persons insured under PPO managed care products 44,965 and number of persons insured under indemnity only products 76

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.IN



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2017				NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	26			24						2
2. First Quarter	22			20						2
3. Second Quarter	22			20						2
4. Third Quarter	22			20						2
5. Current Year	21			20						1
6. Current Year Member Months	261			240						21
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	88,923			88,923						
13. Life Premiums Direct.....	127									127
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	88,414			88,287						127
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	61,154			61,111						43
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 20

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.1A



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9	2		7						
2. First Quarter	7			7						
3. Second Quarter	7			7						
4. Third Quarter	7			7						
5. Current Year	7			7						
6. Current Year Member Months	84			84						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	27,560	(897)		28,457						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	27,228	(897)		28,125						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	18,812			18,812						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 7

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.KS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Kentucky Spirit Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2017				NAIC Company Code		14100
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1									1
2. First Quarter	1									1
3. Second Quarter	1									1
4. Third Quarter	1									1
5. Current Year	1									1
6. Current Year Member Months	12									12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	610									610
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	610									610
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	10,053									10,053
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2017				NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5			5						
2. First Quarter	3			3						
3. Second Quarter	3			3						
4. Third Quarter	3			3						
5. Current Year	3			3						
6. Current Year Member Months	36			36						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	16,121			16,121						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	17,267			17,267						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,947			9,947						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 3

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2									2
2. First Quarter	2									2
3. Second Quarter	2									2
4. Third Quarter	2									2
5. Current Year	2									2
6. Current Year Member Months	24									24
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	.85									.85
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	.85									.85
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CELTIC INSURANCE COMPANY				2. Maryland															
NAIC Group Code		1295		BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2017					(LOCATION)										
						NAIC Company Code						80799									
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
		Total		2 Individual		3 Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		9						7												2	
2. First Quarter		9						7												2	
3. Second Quarter		9						7												2	
4. Third Quarter		9						7												2	
5. Current Year		9						7												2	
6. Current Year Member Months		108						84												24	
Total Member Ambulatory Encounters for Year:																					
7. Physician		0																			
8. Non-Physician		0																			
9. Total		0		0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred		0																			
11. Number of Inpatient Admissions		0																			
12. Health Premiums Written (b).....		27,786						27,786													
13. Life Premiums Direct.....		0																			
14. Property/Casualty Premiums Written.....		0																			
15. Health Premiums Earned.....		27,773						27,773													
16. Property/Casualty Premiums Earned.....		0																			
17. Amount Paid for Provision of Health Care Services		23,938						23,938													
18. Amount Incurred for Provision of Health Care Services		0																			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 7

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17									17
2. First Quarter	17									17
3. Second Quarter	17									17
4. Third Quarter	17									17
5. Current Year	15									15
6. Current Year Member Months	198									198
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	2,831									2,831
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,831									2,831
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	15,029									15,029
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3			2						1
2. First Quarter	3			2						1
3. Second Quarter	3			2						1
4. Third Quarter	3			2						1
5. Current Year	3			2						1
6. Current Year Member Months	36			24						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	10,463			10,463						
13. Life Premiums Direct.....	461									461
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	10,920			10,459						461
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	7,085			7,085						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7	7								
2. First Quarter	7	7								
3. Second Quarter	7	7								
4. Third Quarter	7	7								
5. Current Year	7	7								
6. Current Year Member Months	84	84								
Total Member Ambulatory Encounters for Year:										
7. Physician	79	79								
8. Non-Physician	31	31								
9. Total	110	110	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	11	11								
11. Number of Inpatient Admissions	4	4								
12. Health Premiums Written (b).....	(6,336)	(6,336)								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	(6,336)	(6,336)								
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	129,608	129,608								
18. Amount Incurred for Provision of Health Care Services	(43,982)	(43,982)								

(a) For health business: number of persons insured under PPO managed care products 7 _____ and number of persons insured under indemnity only products 0 _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2017				NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	22			21						1
2. First Quarter	20			19						1
3. Second Quarter	20			19						1
4. Third Quarter	20			19						1
5. Current Year	19			19						0
6. Current Year Member Months	237			228						9
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	91,993			91,993						
13. Life Premiums Direct.....	343									343
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	91,900			91,557						343
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	65,184			65,184						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons insured under indemnity only products 19 _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

30.MS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18	1		17						
2. First Quarter	14			14						
3. Second Quarter	14			14						
4. Third Quarter	14			14						
5. Current Year	14			14						
6. Current Year Member Months	168			168						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	49,895			49,895						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	50,846			50,846						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	41,455			41,455						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 14

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2017					NAIC Company Code		80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year	1			1										
2. First Quarter	1			1										
3. Second Quarter	1			1										
4. Third Quarter	1			1										
5. Current Year	0													
6. Current Year Member Months	9			9										
Total Member Ambulatory Encounters for Year:														
7. Physician	0													
8. Non-Physician	0													
9. Total	0	0	0	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b).....	1,014			1,014										
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	1,013			1,013										
16. Property/Casualty Premiums Earned.....	0													
17. Amount Paid for Provision of Health Care Services	482			482										
18. Amount Incurred for Provision of Health Care Services	0													

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	31			29						2
2. First Quarter	24			22						2
3. Second Quarter	24			22						2
4. Third Quarter	24			22						2
5. Current Year	24			22						2
6. Current Year Member Months	288			264						24
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	135,620			135,620						
13. Life Premiums Direct.....	498									498
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	144,601			144,103						498
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	68,702			68,702						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 22

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7	3		4						
2. First Quarter	4			4						
3. Second Quarter	4			4						
4. Third Quarter	3			3						
5. Current Year	3			3						
6. Current Year Member Months	42			42						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	12,022			12,022						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	12,017			12,017						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,007			3,007						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 3

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				CELTIC INSURANCE COMPANY				2. _____				(LOCATION)			
NAIC Group Code		1295		BUSINESS IN THE STATE OF New Hampshire				DURING THE YEAR 2017				NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year		17,239	17,239												
2. First Quarter		18,109	18,109												
3. Second Quarter		17,548	17,548												
4. Third Quarter		16,961	16,961												
5. Current Year		15,533	15,533												
6. Current Year Member Months		207,532	207,532												
Total Member Ambulatory Encounters for Year:															
7. Physician		77,949	77,949												
8. Non-Physician		243,738	243,738												
9. Total		321,687	321,687	0	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred		6,039	6,039												
11. Number of Inpatient Admissions		1,324	1,324												
12. Health Premiums Written (b).....		89,068,267	89,068,267												
13. Life Premiums Direct.....		0													
14. Property/Casualty Premiums Written.....		0													
15. Health Premiums Earned.....		89,068,267	89,068,267												
16. Property/Casualty Premiums Earned.....		0													
17. Amount Paid for Provision of Health Care Services		60,198,173	60,198,173												
18. Amount Incurred for Provision of Health Care Services		65,520,169	65,520,169												

(a) For health business: number of persons insured under PPO managed care products 15,533 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Jersey			DURING THE YEAR 2017			NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	220			220						
2. First Quarter	216			216						
3. Second Quarter	212			212						
4. Third Quarter	203			203						
5. Current Year	197			197						
6. Current Year Member Months	2,484			2,484						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	926,288			926,288						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	939,992			939,992						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	545,804			545,804						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 197

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	22	3		14						5
2. First Quarter	19			14						5
3. Second Quarter	19			14						5
4. Third Quarter	19			14						5
5. Current Year	18			13						5
6. Current Year Member Months	225			165						60
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	52,742			52,742						
13. Life Premiums Direct.....	5,780									5,780
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	59,306			53,526						5,780
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	26,008			26,008						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 13

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF New York		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1									1
2. First Quarter	1									1
3. Second Quarter	1									1
4. Third Quarter	1									1
5. Current Year	1									1
6. Current Year Member Months	12									12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	.95									.95
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	.95									.95
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

(LOCATION)

NAIC Group Code1295BUSINESS IN THE STATE OF North CarolinaDURING THE YEAR 2017NAIC Company Code80799

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	20			10						10
2 First Quarter	19			9						10
3 Second Quarter	19			9						10
4. Third Quarter	19			9						10
5. Current Year	18			9						9
6 Current Year Member Months	225			108						117
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	43,666			43,666						
13. Life Premiums Direct.....	3,482									3,482
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	47,129			43,647						3,482
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	35,435			25,419						10,016
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 9

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3			3						
2 First Quarter	3			3						
3 Second Quarter	3			3						
4. Third Quarter	3			3						
5. Current Year	2			2						
6 Current Year Member Months	33			33						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	6,846			6,846						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,843			6,843						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	869			869						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26	1		18						7
2 First Quarter	25			18						7
3 Second Quarter	24			17						7
4. Third Quarter	24			17						7
5. Current Year	23			17						6
6 Current Year Member Months	288			207						81
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	80,252			80,252						
13. Life Premiums Direct.....	2,958									2,958
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	83,329			80,371						2,958
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	38,956			33,942						5,014
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons insured under indemnity only products 17 _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6	2		3						1
2 First Quarter	4			3						1
3 Second Quarter	4			3						1
4. Third Quarter	4			3						1
5. Current Year	3			2						1
6 Current Year Member Months	45			33						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	9,667			9,667						
13. Life Premiums Direct.....	144									144
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	9,806			9,662						144
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	7,481			7,481						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons insured under indemnity only products 2 _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0	0								
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0	0								
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	22			22						
2. First Quarter	22			22						
3. Second Quarter	22			22						
4. Third Quarter	21			21						
5. Current Year	19			19						
6. Current Year Member Months	252			252						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	83,398			83,398						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	85,167			85,167						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	39,456			39,456						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 19

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1			1						
2. First Quarter	1			1						
3. Second Quarter	1			1						
4. Third Quarter	1			1						
5. Current Year	1			1						
6. Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,674			4,674						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,672			4,672						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	875			875						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2017				NAIC Company Code		80799
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	31	1		26						4
2. First Quarter	30			26						4
3. Second Quarter	28			24						4
4. Third Quarter	27			23						4
5. Current Year	24			22						2
6. Current Year Member Months	327			285						42
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	100,063			100,063						
13. Life Premiums Direct.....	4,902									4,902
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	110,499			105,597						4,902
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	62,444			62,444						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 22

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	12			11						1
2. First Quarter	9			8						1
3. Second Quarter	9			8						1
4. Third Quarter	9			8						1
5. Current Year	9			8						1
6. Current Year Member Months	108			96						12
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	49,185			49,185						
13. Life Premiums Direct.....	308									308
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	54,394			54,086						308
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	33,521			33,521						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 _____ and number of persons insured under indemnity only products 8 _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Tennessee			DURING THE YEAR 2017			NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14			3						11
2. First Quarter	14			3						11
3. Second Quarter	14			3						11
4. Third Quarter	14			3						11
5. Current Year	14			3						11
6. Current Year Member Months	168			36						132
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	14,726			14,726						
13. Life Premiums Direct.....	5,393									5,393
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	20,112			14,719						5,393
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	6,614			6,614						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 3

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. TX (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	45,143	45,080		47						16
2. First Quarter	211,755	211,694		45						16
3. Second Quarter	191,486	191,425		45						16
4. Third Quarter	177,786	177,725		45						16
5. Current Year	164,528	164,473		42						13
6. Current Year Member Months	2,240,921	2,240,207		531						183
Total Member Ambulatory Encounters for Year:										
7. Physician	913,871	913,871								
8. Non-Physician	721,604	721,604								
9. Total	1,635,475	1,635,475	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	57,197	57,197								
11. Number of Inpatient Admissions	10,504	10,504								
12. Health Premiums Written (b).....	696,291,066	696,054,160		236,906						
13. Life Premiums Direct.....	10,977									10,977
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	696,303,451	696,054,160		238,314						10,977
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	470,658,375	470,466,345		192,030						
18. Amount Incurred for Provision of Health Care Services	512,023,973	512,023,973								

(a) For health business: number of persons insured under PPO managed care products 164,473 and number of persons insured under indemnity only products 42

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2			2						
2. First Quarter	2			2						
3. Second Quarter	2			2						
4. Third Quarter	2			2						
5. Current Year	2			2						
6. Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	9,190			9,190						
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	9,153			9,153						
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	11,318			11,318						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 2

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2017					NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		8			8									
2. First Quarter		8			8									
3. Second Quarter		8			8									
4. Third Quarter		8			8									
5. Current Year		8			8									
6. Current Year Member Months		96			96									
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written (b).....		19,924			19,924									
13. Life Premiums Direct.....		0												
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		19,356			19,356									
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services		17,356			17,356									
18. Amount Incurred for Provision of Health Care Services		0												

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 8

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
CELTIC INSURANCE COMPANY

2. (LOCATION)

NAIC Group Code 1295 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2017 NAIC Company Code 80799

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	46			31						15
2 First Quarter	46			31						15
3 Second Quarter	46			31						15
4. Third Quarter	45			30						15
5. Current Year	40			28						12
6 Current Year Member Months	531			360						171
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	88,198			88,198						
13. Life Premiums Direct.....	4,607									4,607
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	92,062			87,455						4,607
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	140,690			40,352						100,338
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 28

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Net Plan of Oregon, Inc. 2. _____ (LOCATION)

NAIC Group Code	01295	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2017				NAIC Company Code		95800
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code		1295		BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2017					NAIC Company Code		80799	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
			2	3										
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		7			7									
2. First Quarter		7			7									
3. Second Quarter		7			7									
4. Third Quarter		7			7									
5. Current Year		5			5									
6. Current Year Member Months		78			78									
Total Member Ambulatory Encounters for Year:														
7. Physician		0												
8. Non-Physician		0												
9. Total		0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred		0												
11. Number of Inpatient Admissions		0												
12. Health Premiums Written (b).....		23,462			23,462									
13. Life Premiums Direct.....		0												
14. Property/Casualty Premiums Written.....		0												
15. Health Premiums Earned.....		23,430			23,430									
16. Property/Casualty Premiums Earned.....		0												
17. Amount Paid for Provision of Health Care Services		12,277			12,277									
18. Amount Incurred for Provision of Health Care Services		0												

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 5

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3									3
2. First Quarter	3									3
3. Second Quarter	3									3
4. Third Quarter	3									3
5. Current Year	3									3
6. Current Year Member Months	36									36
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	1,481									1,481
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,481									1,481
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Wyoming		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7	1		2						4
2. First Quarter	6			2						4
3. Second Quarter	6			2						4
4. Third Quarter	6			2						4
5. Current Year	5			1						4
6. Current Year Member Months	69			21						48
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	9,198			9,198						
13. Life Premiums Direct.....	1,976									1,976
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	11,171			9,195						1,976
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	277			277						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2. _____ (LOCATION)

NAIC Group Code	1295	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017				NAIC Company Code		80799
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	250,937	248,551	0	2,215	0	0	0	0	0	171
2 First Quarter	660,212	657,902	0	2,139	0	0	0	0	0	171
3 Second Quarter	603,473	601,228	0	2,074	0	0	0	0	0	171
4. Third Quarter	568,030	565,847	0	2,012	0	0	0	0	0	171
5. Current Year	531,876	529,779	0	1,948	0	0	0	0	0	149
6 Current Year Member Months	7,157,956	7,131,451	0	24,519	0	0	0	0	0	1,986
Total Member Ambulatory Encounters for Year:										
7. Physician	2,770,538	2,770,538	0	0	0	0	0	0	0	0
8. Non-Physician	2,378,260	2,378,260	0	0	0	0	0	0	0	0
9. Total	5,148,798	5,148,798	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	169,569	169,569	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	34,450	34,450	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	2,150,858,033	2,143,159,399	0	7,698,634	0	0	0	0	0	0
13. Life Premiums Direct.....	59,538	0	0	0	0	0	0	0	0	59,538
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	2,151,405,381	2,143,544,272	0	7,801,571	0	0	0	0	0	59,538
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,454,909,238	1,448,685,467	0	6,083,320	0	0	0	0	0	140,451
18. Amount Incurred for Provision of Health Care Services	1,576,493,271	1,576,493,271	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 529,780 and number of persons insured under indemnity only products 1,948

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	23,902	21,593	13,778	15,437	15,461
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	198	219	257	771	1,038
5. Total hospital and medical expenses.....	30	25,137	11,864	17,081	21,598
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	825	13	0	0
7. Claims payable.....	(4,289)	(4,191)	(2,052)	(769)	(692)
8. Reinsurance recoverable on paid losses.....	14,510	19,893	8,449	4,607	2,927
9. Experience rating refunds due or unpaid.....	1,810	9,348	937	1,174	4
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	1,598	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,082,714,728		1,082,714,728
2. Accident and health premiums due and unpaid (Line 15).....	9,595,137		9,595,137
3. Amounts recoverable from reinsurers (Line 16.1).....	14,510,149		14,510,149
4. Net credit for ceded reinsurance.....	XXX	18,799,104	18,799,104
5. All other admitted assets (Balance).....	63,549,687		63,549,687
6. Total assets (Line 28)	1,170,369,701	18,799,104	1,189,168,805
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	247,617,577	4,288,955	251,906,532
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,660,022		1,660,022
9. Premiums received in advance (Line 8).....	65,200,065		65,200,065
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	1,597,746		1,597,746
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	691,792,895		691,792,895
15. Total liabilities (Line 24).....	1,007,868,305	4,288,955	1,012,157,260
16. Total capital and surplus (Line 33).....	162,501,396	XXX	162,501,396
17. Total liabilities, capital and surplus (Line 34)	1,170,369,701	4,288,955	1,174,658,656
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	4,288,955		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	14,510,149		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	18,799,104		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	18,799,104		

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SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR					215	215
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	215	215

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	42-1406317.....		0001071739.....	New York Stock Exchange.....	Centene Corporation..... Bankers Reserve Life Insurance Company of Wisconsin.....	DE.....	UDP.....	Shareholders/Board of Directors.....	Shareholders/Board of Directors.....	100.0.....	Shareholders/Board of Directors..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	71013.....	39-0993433.....				Health Plan Real Estate Holding, Inc.....	WI.....	IA.....	Centene Corporation..... Bankers Reserve Life Insurance Company of Wisconsin.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Peach State Health Plan, Inc..... Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation..... Peach State Health Plan, Inc.....	Ownership.....	17.0.....	Centene Corporation..... Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	12315.....	20-3174593.....				Iowa Total Care, Inc..... Buckeye Community Health Plan, Inc.....	GA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Peach State Health Plan, Inc.....	Ownership.....	21.0.....	Centene Corporation..... Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	15713.....	46-4829006.....				Health Plan Real Estate Holding, Inc.....	IA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	11834.....	32-0045282.....				Health Plan Real Estate Holding, Inc.....	OH.....	IA.....	Centene Corporation..... Buckeye Community Health Plan, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Absolute Total Care, Inc..... Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation..... Absolute Total Care, Inc.....	Ownership.....	13.0.....	Centene Corporation..... Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	12959.....	20-5693998.....				Physicians Choice, LLC.....	SC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				PhyTrust of South Carolina LLC..... Coordinated Care Corporation d/b/a Managed Health Services.....	MO.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	1.0.....	Centene Corporation..... Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	00000.....	59-3807546.....				Health Plan Real Estate Holding, Inc..... Healthy Washington Holdings, Inc.....	SC.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	65-1206841.....				Coordinated Care of Washington, Inc..... Managed Health Services Insurance Corp.....	FL.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	95831.....	39-1821211.....				Health Plan Real Estate Holding, Inc..... Healthy Washington Holdings, Inc.....	IN.....	IA.....	Centene Corporation..... Coordinated Care Corporation d/b/a Managed Health Services.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation..... Healthy Washington Holdings, Inc.....	Ownership.....	15.0.....	Centene Corporation..... Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5523218.....				Coordinated Care of Washington, Inc..... Managed Health Services Insurance Corp.....	DE.....	NIA.....	Centene Corporation..... Healthy Washington Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	15352.....	46-2578279.....				Managed Health Services Insurance Corp..... Health Plan Real Estate Holding, Inc.....	WA.....	IA.....	Centene Corporation..... Managed Health Services Insurance Corp.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	96822.....	39-1678579.....				Hallmark Life Insurance Co.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Superior HealthPlan, Inc..... Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	2.0.....	Centene Corporation..... Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	60078.....	86-0819817.....				Healthy Louisiana Holdings LLC..... Louisiana Healthcare Connections, Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	95647.....	74-2770542.....				Healthy Louisiana Holdings LLC..... Louisiana Healthcare Connections, Inc.....	MO.....	NIA.....	Superior HealthPlan, Inc.....	Ownership.....	21.0.....	Centene Corporation..... Centene Corporation.....	Y.....	0.....
01295.....	Centene Corporation.....	00000.....	27-0916294.....				Connections, Inc.....	DE.....	NIA.....	Centene Corporation..... Healthy Louisiana Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation..... Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	13970.....	27-1287287.....					LA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	13923.....	20-8570212.....				Magnolia Health Plan Inc.....	MS.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	14053.....	27-2186150.....				IlliniCare Health Plan, Inc.....	IL.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	IlliniCare Health Plan, Inc.....	Ownership.....	5.0	Centene Corporation.....	Y.....	0
01295.....	Centene Corporation.....	00000.....	26-0557093.....				Sunshine Health Holding LLC.....	FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	13148.....	20-8937577.....				Sunshine State Health Plan, Inc.....	FL.....	IA.....	Sunshine Health Holding LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	56-2384404.....				Access Health Solutions LLC.....	FL.....	NIA.....	Sunshine Health Holding LLC.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	14100.....	45-1294925.....				Kentucky Spirit Health Plan, Inc.....	KY.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	45-5070230.....				Healthy Missouri Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	95.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	14218.....	45-2798041.....				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Home State Health Plan, Inc.....	Ownership.....	5.0	Centene Corporation.....	Y.....	0
01295.....	Centene Corporation.....	14345.....	45-3276702.....				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	14226.....	45-4792498.....				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	46-0907261.....				California Health and Wellness Plan.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	10769.....	30-0312489.....				Michigan Complete Health, Inc.....	MI.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	45-5583511.....				Western Sky Community Care, Inc.....	NM.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	16143.....	20-4761189.....				SilverSummit Healthplan, Inc.....	NV.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	20-0483299.....				Agate Resources, Inc.....	OR.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	00000.....	26-4475075.....				Agate Properties, LLC.....	OR.....	NIA.....	Agate Resources, Inc.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	15902.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	16041.....	47-5340613.....				Pennsylvania Health & Wellness, Inc.....	PA.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	15912.....	47-5664832.....				Superior HealthPlan Community Solutions, Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	15927.....	47-5667095.....				Sunshine Health Community Solutions, Inc.....	FL.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0
01295.....	Centene Corporation.....	16112.....	47-5664342.....				Buckeye Health Plan Community Solutions, Inc.....	OH.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	N.....	0

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295	Centene Corporation	16130	81-1282251				Arkansas Health & Wellness Health Plan, Inc.	AR	IA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	38-4042368				Arkansas Total Care Holding Company, LLC	DE	NIA	Arkansas Health & Wellness Health Plan, Inc.	Ownership	49.0	Centene Corporation	N	0
01295	Centene Corporation	16256	82-2649097				Arkansas Total Care, Inc.	AR	IA	Arkansas Total Care Holding Company, LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	81-2788043				Healthy Oklahoma Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	81-3121527				Oklahoma Complete Health Inc.	OK	NIA	Healthy Oklahoma Holdings, Inc.	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	20-4980818				Bridgeway Health Solutions of Arizona Inc.	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	15762	35-2525384				Ambetter of Magnolia Inc.	MS	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc.	GA	IA	Celtic Insurance Company	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc.	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc.	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc.	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	82-1816153				Centene Center I, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	47-5156015				Centene Center II, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	82-3210933				Centene Center III, LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	47-2914561				Forhan, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	37-1766939				Hanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	N	0

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	00000.....	45-4372065.....				Clayton Property Investment LLC.....	DE.....	NIA.....	GPT Acquisition LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2794037.....				LSM Holdco, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2798132.....				Lifeshare Management Group, LLC.....	NH.....	NIA.....	LSM Holdco, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2074217.....				CCTX Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2810404.....				Centene Company of Texas, LP.....	TX.....	NIA.....	CCTX Holdings, LLC.....	Ownership.....	1.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2074277.....				Centene Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2810404.....				Centene Company of Texas, LP.....	TX.....	NIA.....	Centene Holdings, LLC.....	Ownership.....	99.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	43-1795436.....				MHS Travel & Charter, Inc.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-4855483.....				Health Care Enterprises, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	22-3889471.....				Envolve Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0461584.....				Cenpatico Behavioral Health, LLC.....	CA.....	NIA.....	Envolve Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	86-0782736.....				CBHSP Arizona, Inc.....	AZ.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2595704.....				Cenpatico of California, Inc.....	CA.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2892993.....				Integrated Mental Health Mgmt, LLC.....	TX.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2785494.....				Integrated Mental Health Services.....	TX.....	NIA.....	Integrated Mental Health Mgmt, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-1624120.....				Cenpatico Behavioral Health of Arizona, LLC.....	AZ.....	NIA.....	Cenpatico Behavioral Health of Arizona, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	80-0879942.....				Cenpatico of Arizona Inc.....	AZ.....	NIA.....	Cenpatico Behavioral Health of Arizona, LLC.....	Ownership.....	80.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	37-1788565.....				Envolve, Inc.....	DE.....	NIA.....	Envolve Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-4545413.....				AHA Administrative Services, LLC.....	AL.....	NIA.....	Envolve, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-3454898.....				Envolve - New York, Inc.....	NY.....	NIA.....	Envolve, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	82-2288767.....				Community Care of Central Colorado, LLC.....	DE.....	NIA.....	Envolve, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	06-1476380.....				Envolve PeopleCare, Inc.....	DE.....	NIA.....	Envolve Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2516714.....				LiveHealthier, Inc.....	DE.....	NIA.....	Envolve PeopleCare, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	61-1846191.....				Envolve Benefits Options, Inc.....	DE.....	NIA.....	Envolve Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4730341.....				Envolve Vision Benefits, Inc.....	DE.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	36-4520004.....				Envolve Captive Insurance Company, Inc.....	SC.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	95302.....	75-2592153.....				Envolve Vision of Texas, Inc.....	TX.....	IA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4773088.....				Envolve Vision, Inc.....	DE.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	65-0094759.....				Envolve Vision of Florida, Inc.....	FL.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4861241.....				Envolve Total Vision, Inc.....	DE.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	06-1635519.....				Envolve Vision of New York, Inc.....	NY.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2783884.....				Envolve Dental, Inc.....	DE.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-2969330.....				Envolve Dental of Florida, Inc.....	FL.....	NIA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	16106.....	81-2796896.....				Envolve Dental of Texas, Inc.....	TX.....	IA.....	Envolve Dental, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	77-0578529.....				Envolve Pharmacy Solutions, Inc.....	DE.....	NIA.....	Envolve Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	76-0511700.....				LBB Industries, Inc.....	TX.....	NIA.....	Envolve Pharmacy Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	75-2612875.....				RX Direct, Inc.....	TX.....	NIA.....	Envolve Pharmacy Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2307356.....				Envolve Pharmacy IPA, LLC.....	NY.....	NIA.....	Envolve Pharmacy Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	90-0636938.....				Casenet LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Casenet S.R.O.....	CZE.....	NIA.....	Casenet LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	61-1450727.....				Centurion Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	90-0766502.....				Centurion LLC.....	DE.....	NIA.....	Centurion Group, Inc.....	Ownership.....	51.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-4228054.....				Centurion of Arizona, LLC.....	AZ.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-1686283.....				Centurion of Vermont, LLC.....	VT.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2967381.....				Centurion of Mississippi, LLC.....	MS.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	30-0752651.....				Centurion of Tennessee, LLC.....	TN.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	61-1696004.....				Massachusetts Partnership for Correctional Healthcare, LLC.....	MA.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

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01295.....	Centene Corporation.....	00000.....	46-2717814.....				Centurion of Minnesota, LLC.....	MN.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-1161492.....				Centurion Correctional Healthcare of New Mexico, LLC.....	NM.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-0687470.....				Centurion of Florida, LLC.....	FL.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-3007264.....				Centurion of Illinois, LLC.....	IL.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-4938030.....				Centurion of Maryland, LLC.....	MD.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-5429405.....				Centurion of Philadelphia, LLC.....	PA.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-3617766.....				Specialty Therapeutic Care Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	73-1698808.....				Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	73-1698807.....				Specialty Therapeutic Care, GP, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	73-1698808.....				Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care, GP, LLC.....	Ownership.....	0.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-2624521.....				Specialty Therapeutic Care West, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care, LP.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	80-0856383.....				AcariaHealth Solutions, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-2780334.....				AcariaHealth, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-1599047.....				AcariaHealth Pharmacy #14, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-8192615.....				AcariaHealth Pharmacy #11, Inc.....	TX.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-2765424.....				AcariaHealth Pharmacy #12, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-0226900.....				AcariaHealth Pharmacy #13, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	13-4262384.....				AcariaHealth Pharmacy, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-3707698.....				HomeScripts.com, LLC.....	MI.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-8235695.....				New York Rx, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-0873587.....				Foundation Care, LLC.....	MO.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	80.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	27-0275614.....				U.S. Medical Management Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	38-3153946.....				U.S. Medical Management, LLC.....	DE.....	NIA.....	U.S. Medical Management Holdings, Inc.....	Ownership.....	20.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	38-3153946.....				U.S. Medical Management, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	80.0.....	Centene Corporation.....	N.....	0.....

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01295.....	Centene Corporation.....	00000.....	31-1733889.....	RMED, LLC.....	FL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2138680.....	.....	.....	.....	IAH of Florida, LLC.....	FL.....	NIA.....	RMED, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	51-0581762.....	.....	.....	.....	Heritage Home Hospice, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2827613.....	.....	.....	.....	Grace Hospice of Austin, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-1530070.....	.....	.....	.....	ComfortBrook Hospice, LLC.....	OH.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4996551.....	.....	.....	.....	Comfort Hospice of Texas, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2827526.....	.....	.....	.....	Grace Hospice of San Antonio, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-0679248.....	.....	.....	.....	Grace Hospice of Grand Rapids, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-0634905.....	.....	.....	.....	Grace Hospice of Indiana, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-5080637.....	.....	.....	.....	Grace Hospice of Virginia, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-5080567.....	.....	.....	.....	Comfort Hospice of Missouri, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-1708834.....	.....	.....	.....	Grace Hospice of Wisconsin, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-5129923.....	.....	.....	.....	Grace Hospice of Illinois, LLC.....	IL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	26-4435532.....	.....	.....	.....	Seniorcorps Peninsula, LLC.....	VA.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	33-1179031.....	.....	.....	.....	R&C Healthcare, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-0861469.....	.....	.....	.....	Pinnacle Senior Care of Missouri, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	03-0556422.....	.....	.....	.....	Country Style Health Care, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	14-1878333.....	.....	.....	.....	Phoenix Home Health Care, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	75-2635025.....	.....	.....	.....	Traditional Home Health Services, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	38-2751108.....	.....	.....	.....	Family Nurse Care, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-5108540.....	.....	.....	.....	Family Nurse Care II, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-3920947.....	.....	.....	.....	Family Nurse Care of Ohio, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-4229858.....	.....	.....	.....	Pinnacle Senior Care of Wisconsin, LLC.....	WI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	81-1565426.....	Pinnacle Senior Care of Indiana, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

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01295.....	Centene Corporation.....	00000.....	76-0713516.....				Pinnacle Home Care, LLC.....	TX.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	59-3519060.....				North Florida Health Services, Inc.....	FL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-1742728.....				Pinnacle Sr. Care of Kalamazoo, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-1734288.....				Hospice DME Company, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4364776.....				Rapid Respiratory Services, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5730959.....				USMM Accountable Care Network, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5735993.....				USMM Accountable Care Partners, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5745748.....				USMM Accountable Care Solutions, LLC.....	DE.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-4165480.....				USMM ACO, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-4157180.....				USMM ACO Florida, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	45-4154905.....				USMM ACO North Texas, LLC.....	MI.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	47-5208076.....				Health Net, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-4402957.....				Health Net of California, Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	66141.....	73-0654885.....				Health Net Life Insurance Company.....	CA.....	IA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	98-0409907.....				Health Net Life Reinsurance Company.....	CYM.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	54-2174069.....				Health Net of California Real Estate Holdings, Inc.....	CA.....	NIA.....	Health Net of California, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-4117722.....				Managed Health Network, LLC.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-3817988.....				Managed Health Network.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	95-4146179.....				MHN Services, LLC.....	CA.....	NIA.....	Managed Health Network, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0214809.....				Health Net Federal Services, LLC.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	42-1680916.....				MHN Government Services LLC.....	DE.....	NIA.....	Health Net Federal Services, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	51-0589404.....				MHN Global Services, Inc.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	80-0852000.....				MHN Government Services-Belgium, Inc.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	90-0889816.....				MHN Government Services-Djibouti, Inc.....	DE.....	NIA.....	MHN Government Services LLC.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

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01295.....	Centene Corporation.....	00000.....	80-0852008.....				MHN Government Services-Germany, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	90-0889803.....				MHN Government Services-Guam, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	90-0889825.....				MHN Government Services-International, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	80-0852019.....				MHN Government Services-Italy, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	46-1038058.....				MHN Government Services-Japan, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	90-0889815.....				MHN Government Services-Puerto Rico, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	90-0889824.....				MHN Government Services-Turkey, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	90-0889833.....				MHN Government Services-United Kingdom, Inc.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE	NIA	MHN Government Services LLC.....	Ownership.....	10.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	61-1388903.....				Health Net Preferred Providers, LLC.....	DE	NIA	Health Net Federal Services, LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	35-2490375.....				Health Net Veterans, LLC.....	DE	NIA	Health Net Federal Services, LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	88-0357895.....				Network Providers, LLC.....	DE	NIA	Health Net Federal Services, LLC.....	Ownership.....	90.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	06-1116976.....				Health Net of the Northeast, LLC.....	DE	NIA	Network Providers, LLC.....	Ownership.....	25.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....					North Region Providers, LLC.....	DE	NIA	Health Net Federal Services, LLC.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	06-1116976.....				Health Net of the Northeast, LLC.....	DE	NIA	Health Net, Inc.....	Ownership.....	75.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	84-1175468.....				QualMed, Inc.....	DE	NIA	Health Net, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	84-0975985.....				QualMed Plans for Health of Colorado, Inc.....	CO	NIA	QualMed, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	95800.....	93-1004034.....				Health Net Health Plan of Oregon, Inc.....	OR	IA	QualMed, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	23-2867299.....				HSI Advantage Health Holdings, Inc.....	DE	NIA	Health Net, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	23-2867300.....				QualMed Plans for Health of Western Pennsylvania, Inc.....	PA	NIA	HSI Advantage Health Holdings, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	25-1516632.....				Pennsylvania Health Care Plan, Inc.....	PA	NIA	HSI Advantage Health Holdings, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	94-3037822.....				Health Net Services Inc.....	DE	NIA	Health Net, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	00000.....	54-2174068.....				Health Net Community Solutions, Inc.....	CA	NIA	Health Net, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0
01295.....	Centene Corporation.....	95206.....	36-3097810.....				Health Net of Arizona, Inc.....	AZ	IA	Health Net, Inc.....	Ownership.....	100.0	Centene Corporation.....	N	.0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01295.....	Centene Corporation.....	00000.....	54-2153100.....				Health Net One Payment Services, Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Health Net of Pennsylvania, LLC.....	PA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	23-2456130.....				QualMed Plans for Health of Pennsylvania, Inc.....	PA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0390434.....				FH Surgery Limited, Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0390438.....				Foundation Health Facilities, Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	98-0150604.....				FH Assurance Company.....	CYM.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0295375.....				Health Net Pharmaceutical Services.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	86-0660443.....				Health Net of Arizona Administrative Services, Inc.....	AZ.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	15895.....	81-1348826.....				Health Net Community Solutions of Arizona, Inc.....	AZ.....	IA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	84-1301249.....				National Pharmacy Services Inc.....	DE.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	23-2789453.....				Integrated Pharmacy Systems, Inc.....	PA.....	NIA.....	National Pharmacy Services Inc.....	Ownership.....	90.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0390435.....				FH Surgery Centers Inc.....	CA.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0343818.....				Greater Sacramento Surgery Center LP.....	CA.....	NIA.....	FH Surgery Centers Inc.....	Ownership.....	66.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2616037.....				Health Net Access, Inc.....	AZ.....	NIA.....	Health Net, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	20-8630006.....				MHS Consulting, International, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					PRIMEROSALUD, S.L.....	ESP.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					Centene UK Limited.....	GBR.....	NIA.....	MHS Consulting, International, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....					The Practice (Group) Limited.....	GBR.....	NIA.....	Centene UK Limited.....	Ownership.....	75.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	82-1172163.....				Centene Health Plan Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	82-2699483.....				Carolina Complete Health Holding Company Partnership.....	DE.....	NIA.....	Centene Health Plan Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....
01295.....	Centene Corporation.....	00000.....	82-2699332.....				Carolina Complete Health, Inc.....	NC.....	NIA.....	Carolina Complete Health Holding Company Partnership.....	Ownership.....	100.0.....	Centene Corporation.....	N.....	0.....

Asterisk	Explanation
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SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	42-1406317	Centene Corporation	67,500,000	(430,202,578)			54,993,200				(307,709,378)	
71013	39-0993433	Bankers Reser Life Ins. Co. of Wisconsin		32,180,000			(525,618,551)	(16,373,059)			(509,811,610)	
00000	46-2860967	Health Plan Real Estate Holding, Inc.									.0	
12315	20-3174593	Peach State Health Plan, Inc.	(15,000,000)				(381,967,433)	2,319,280			(394,648,153)	
15713	46-4829006	Iowa Total Care, Inc.									.0	
11834	32-0045282	Buckeye Community Health Plan, Inc.					(738,296,932)	6,700,341			(731,596,591)	
12959	20-5693998	Absolute Total Care, Inc.		3,000,000			(189,552,227)	1,486,134			(185,066,093)	
00000	59-3807546	Physicians Choice, LLC									.0	
00000	65-1206841	PhyTrust of South Carolina LLC									.0	
95831	39-1821211	Coordinated Care Corporation		30,000,000			(647,060,833)				(617,060,833)	
00000	46-5523218	Healthy Washington Holdings, Inc.									.0	
15352	46-2578279	Coordinated Care of Washington, Inc.		38,000,000			(239,691,828)				(201,691,828)	
96822	39-1678579	Managed Health Services Insurance Corp.	(10,000,000)				(47,082,331)	151,754			(56,930,577)	
60078	86-0819817	Hallmark Life Insurance Co.	(8,000,000)				(137,124)				(8,137,124)	
95647	74-2770542	Superior HealthPlan, Inc.					(1,203,090,785)				(1,203,090,785)	
00000	27-0916294	Healthy Louisiana Holdings LLC									.0	
13970	27-1287287	Louisiana Healthcare Connections, Inc.		35,000,000			(794,033,645)	(8,086)			(759,041,731)	
13923	20-8570212	Magnolia Health Plan Inc.		78,500,000			(541,407,069)	786,145			(462,120,923)	
14053	27-2186150	IlliniCare Health Plan, Inc.		8,344,050			(474,280,929)	1,129,829			(464,807,050)	
00000	26-0557093	Sunshine Health Holding LLC									.0	
13148	20-8937577	Sunshine State Health Plan, Inc.					(892,867,558)	(984,894)			(893,852,452)	
00000	56-2384404	Access Health Solutions LLC									.0	
14100	45-1294925	Kentucky Spirit Health Plan, Inc.	(10,000,000)				(441,843)				(10,441,843)	
00000	45-5070230	Healthy Missouri Holding, Inc.									.0	
14218	45-2798041	Home State Health Plan, Inc.		68,900,000			(125,540,423)	2,226,547			(54,413,876)	
14345	45-3276702	Sunflower State Health Plan, Inc.	(9,500,000)				(346,778,057)	1,793,508			(354,484,548)	
14226	45-4792498	Granite State Health Plan, Inc.		18,000,000			(148,498,338)	516,560			(129,981,777)	
00000	46-0907261	California Health and Wellness Plan						(861,925)			(861,925)	
10769	30-0312489	Michigan Complete Health, Inc.					(5,338,272)				(5,338,272)	
00000	45-5583511	Western Sky Community Care, Inc.									.0	
16143	20-4761189	SilverSummit Healthplan, Inc.		14,500,000			(6,670,448)	220,120			8,049,673	
00000	20-0483299	Agate Resources, Inc.					35,145,141				35,145,141	
12559	42-1694349	Trillium Community Health Plan, Inc.					(39,512,655)	1,616,698			(37,895,957)	
00000	26-4475075	Agate Properties, LLC									.0	
15902	47-5123293	Nebraska Total Care, Inc.		77,800,000			(178,853,006)	(1,333,761)			(102,386,768)	
16041	47-5340613	Pennsylvania Health & Wellness, Inc.		109,528			(52,660)				56,868	
15912	47-5664832	Superior HealthPlan Community Solutions					(1,166,809)				(1,166,809)	
15927	47-5667095	Sunshine HealthPlan Community Solutions					(85,511)				(85,511)	
16112	47-5664342	Buckeye Health Plan Community Solutions		1,700,000							1,700,000	
16130	81-1282251	Arkansas Health & Wellness Health Plan		2,229,000			(1,210)				2,227,790	
00000	38-4042368	Arkansas Total Care Holding Company, LLC									.0	
16256	82-2649097	Arkansas Total Care, Inc.		4,440,000							4,440,000	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
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00000	81-2788043	Healthy Oklahoma Holdings, Inc.									.0	
00000	81-3121527	Oklahoma Complete Health Inc.									.0	
00000	20-4980875	Bridgeway Health Solutions, LLC									.0	
00000	20-4980818	Bridgeway Health Solutions of Arizona									.0	
00000	36-2979209	Celtic Group, Inc.									.0	
80799	06-0641618	Celtic Insurance Company		13,700,000			(843,809,389)				(830,109,389)	
15762	35-2525384	Ambetter of Magnolia Inc.		2,000,000			(121,018,608)				(119,018,608)	
15729	36-4802632	Ambetter of Peach State Inc.		3,300,000			(199,121,897)				(195,821,897)	
00000	27-2221367	Novasys Health, Inc.					1,227,986				1,227,986	
00000	26-4278205	CeltiCare Health Plan Holdings LLC									.0	
13632	26-4818440	Celticare Health Plan of MA, Inc.	(15,000,000)				(79,132,910)				(94,132,910)	
00000	39-1864073	Centene Management Company LLC					2,146,088,437				2,146,088,437	
00000	20-0057283	CMC Real Estate Co. LLC									.0	
00000	26-4094682	Centene Center LLC									.0	
00000	82-1816153	Centene Center I, LLC									.0	
00000	47-5156015	Centene Center II, LLC									.0	
00000	82-3210933	Centene Center III, LLC									.0	
00000	46-4234827	CMC Hanley, LLC									.0	
00000	47-2914561	Forhan, LLC									.0	
00000	37-1766939	Hanley-Forsyth, LLC									.0	
00000	45-5431787	GPT Acquisition LLC									.0	
00000	45-4372065	Clayton Property Investment LLC									.0	
00000	46-2794037	LSM Holdco, Inc.									.0	
00000	46-2798132	Lifeshare Management Group, LLC		(1,500,000)			2,409,374				909,374	
00000	20-2074217	CCTX Holdings, LLC									.0	
00000	74-2810404	Centene Company of Texas, LP					544,267,319				544,267,319	
00000	20-2074277	Centene Holdings, LLC									.0	
00000	43-1795436	MHS Travel & Charter, Inc.									.0	
00000	46-4855483	Health Care Enterprises, LLC									.0	
00000	22-3889471	Envolve Holdings, Inc.									.0	
00000	68-0461584	Cenpatico Behavioral Health, LLC					1,063,800,265				1,063,800,265	
00000	86-0782736	CBHSP Arizona, Inc.									.0	
00000	47-2595704	Cenpatico of California, Inc.									.0	
00000	74-2892993	Integrated Mental Health Mgmt, LLC									.0	
00000	74-2785494	Integrated Mental Health Services					137,106,325				137,106,325	
00000	20-1624120	Cenpatico Behavioral Health of Arizona									.0	
00000	80-0879942	Cenpatico of Arizona Inc.						614,808			614,808	
00000	37-1788565	Envolve, Inc.									.0	
00000	47-4545413	AHA Administrative Services, LLC									.0	
00000	47-3454898	Envolve - New York, Inc.									.0	
00000	82-2288767	Community Care of Central Colorado, LLC									.0	
00000	06-1476380	Envolve PeopleCare, Inc.					97,608,009				97,608,009	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	47-2516714	LiveHealthier, Inc.									.0	
00000	61-1846191	Envolve Benefits Options, Inc.									.0	
00000	20-4730341	Envolve Vision Benefits, Inc.									.0	
00000	36-4520004	Envolve Captive Insurance Company, Inc.									.0	
95302	75-2592153	Envolve Vision of Texas, Inc.					36,417,061				36,417,061	
00000	20-4773088	Envolve Vision, Inc.					131,231,304				131,231,304	
00000	65-0094759	Envolve Vision of Florida, Inc.					16,791,055				16,791,055	
00000	20-4861241	Envolve Total Vision, Inc.									.0	
00000	06-1635519	Envolve Vision of New York, Inc.									.0	
00000	46-2783884	Envolve Dental, Inc.					389,354,002				389,354,002	
00000	81-2969330	Envolve Dental of Florida, Inc.									.0	
16106	81-2796896	Envolve Dental of Texas, Inc.									.0	
00000	77-0578529	Envolve Pharmacy Solutions, Inc.					4,225,831,575				4,225,831,575	
00000	76-0511700	LBB Industries, Inc.									.0	
00000	75-2612875	RX Direct, Inc.									.0	
00000	46-2307356	Envolve Pharmacy IPA, LLC									.0	
00000	90-0636938	Casenet LLC									.0	
00000		Casenet S.R.O.									.0	
00000	61-1450727	Centurion Group, Inc.									.0	
00000	90-0766502	Centurion LLC									.0	
00000	81-4228054	Centurion of Arizona, LLC									.0	
00000	47-1686283	Centurion of Vermont, LLC									.0	
00000	47-2967381	Centurion of Mississippi, LLC									.0	
00000	30-0752651	Centurion of Tennessee, LLC									.0	
00000	61-1696004	MA Partnership for Correctional Healthca									.0	
00000	46-2717814	Centurion of Minnesota, LLC									.0	
00000	81-1161492	Centurion Correctional Helathcare of NM									.0	
00000	81-0687470	Centurion of Florida, LLC									.0	
00000	81-3007264	Centurion of Illinois, LLC									.0	
00000	81-4938030	Centurion of Maryland, LLC									.0	
00000	81-5429405	Centurion of Philadelphia, LLC									.0	
00000	27-3617766	Specialty Therapeutic Care Holdings, LLC									.0	
00000	73-1698808	Specialty Therapeutic Care, LP									.0	
00000	73-1698807	Specialty Therapeutic Care, GP, LLC									.0	
00000	26-2624521	Specialty Therapeutic Care West, LLC									.0	
00000	80-0856383	AcariaHealth Solutions, Inc.									.0	
00000	45-2780334	AcariaHealth, Inc.									.0	
00000	27-1599047	AcariaHealth Pharmacy #14, Inc.									.0	
00000	20-8192615	AcariaHealth Pharmacy #11, Inc.									.0	
00000	27-2765424	AcariaHealth Pharmacy #12, Inc.									.0	
00000	26-0226900	AcariaHealth Pharmacy #13, Inc.									.0	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	13-4262384	AcariaHealth Pharmacy, Inc.									.0	
00000	27-3707698	HomeScripts.com, LLC									.0	
00000	20-8235695	New York Rx, Inc.									.0	
00000	20-0873587	Foundation Care, LLC									.0	
00000	27-0275614	U.S. Medical Management Holdings, Inc.									.0	
00000	38-3153946	U.S. Medical Management, LLC					24,152,326				24,152,326	
00000	31-1733889	RMED, LLC									.0	
00000	47-2138680	IAH of Florida, LLC									.0	
00000	51-0581762	Heritage Home Hospice, LLC									.0	
00000	20-2827613	Grace Hospice of Austin, LLC									.0	
00000	20-1530070	ComfortBrook Hospice, LLC									.0	
00000	20-4996551	Comfort Hospice of Texas, LLC									.0	
00000	20-2827526	Grace Hospice of San Antonio, LLC									.0	
00000	45-0679248	Grace Hospice of Grand Rapids, LLC									.0	
00000	45-0634905	Grace Hospice of Indiana, LLC									.0	
00000	45-5080637	Grace Hospice of Virginia, LLC									.0	
00000	45-5080567	Comfort Hospice of Missouri, LLC									.0	
00000	46-1708834	Grace Hospice of Wisconsin, LLC									.0	
00000	81-5129923	Grace Hospice of Illinois, LLC									.0	
00000	26-4435532	Seniorcorps Peninsula, LLC									.0	
00000	33-1179031	R&C Healthcare, LLC									.0	
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC									.0	
00000	03-0556422	Country Style Health Care, LLC									.0	
00000	14-1878333	Phoenix Home Health Care, LLC									.0	
00000	75-2635025	Traditional Home Health Services, LLC									.0	
00000	38-2751108	Family Nurse Care, LLC									.0	
00000	20-5108540	Family Nurse Care II, LLC									.0	
00000	20-3920947	Family Nurse Care of Ohio, LLC									.0	
00000	46-4229858	Pinnacle Senior Care of Wisconsin, LLC									.0	
00000	81-1565426	Pinnacle Senior Care of Indiana, LLC									.0	
00000	76-0713516	Pinnacle Home Care, LLC									.0	
00000	59-3519060	North Florida Health Services, Inc.									.0	
00000	47-1742728	Pinnacle Sr. Care of Kalamazoo, LLC									.0	
00000	46-1734288	Hospice DME Company, LLC									.0	
00000	20-4364776	Rapid Respiratory Services, LLC									.0	
00000	46-5730959	USMM Accountable Care Network, LLC									.0	
00000	46-5735993	USMM Accountable Care Partners, LLC									.0	
00000	46-5745748	USMM Accountable Care Solutions, LLC									.0	
00000	45-4165480	USMM ACO, LLC									.0	
00000	45-4157180	USMM ACO Florida, LLC									.0	
00000	45-4154905	USMM ACO North Texas, LLC									.0	
00000	47-5208076	Health Net, Inc.	50,000,000	(5,900,000)			146,665,112				190,765,112	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	95-4402957	Health Net of California, Inc.									.0	
66141	73-0654885	Health Net Life Insurance Company					(284,181,870)	19,296,416			(264,885,453)	
00000	98-0409907	Health Net Life Reinsurance Company						(19,296,416)			(19,296,416)	
00000	54-2174069	Health Net of CA Real Estate Holdings									.0	
00000	95-4117722	Managed Health Network, LLC									.0	
00000	95-3817988	Managed Health Network					2,294,322				2,294,322	
00000	95-4146179	MHN Services, LLC					7,689,877				7,689,877	
00000	68-0214809	Health Net Federal Services, LLC									.0	
00000	42-1680916	MHN Government Services LLC									.0	
00000	51-0589404	MHN Global Services, Inc									.0	
00000	80-0852000	MHN Government Services-Belgium, Inc.									.0	
00000	90-0889816	MHN Government Services-Djibouti, Inc.									.0	
00000	80-0852008	MHN Government Services-Germany, Inc.									.0	
00000	90-0889803	MHN Government Services-Guam, Inc.									.0	
00000	90-0889825	MHN Government Services-International									.0	
00000	80-0852019	MHN Government Services-Italy, Inc.									.0	
00000	46-1038058	MHN Government Services-Japan, Inc.									.0	
00000	90-0889815	MHN Government Services-Puerto Rico									.0	
00000	90-0889824	MHN Government Services-Turkey, Inc.									.0	
00000	90-0889833	MHN Government Services-United Kingdom									.0	
00000	88-0357895	Network Providers, LLC									.0	
00000	61-1388903	Health Net Preferred Providers, LLC									.0	
00000	35-2490375	Health Net Veterans, LLC									.0	
00000	06-1116976	Health Net of the Northeast, LLC									.0	
00000		North Region Providers, LLC									.0	
00000	84-1175468	QualMed, Inc.									.0	
00000	84-0975985	QualMed Plans for Health of Colorado									.0	
95800	93-1004034	Health Net Health Plan of Oregon, Inc.					(112,140,961)				(112,140,961)	
00000	23-2867299	HSI Advantage Health Holdings, Inc.									.0	
00000	23-2867300	QualMed Plans for Health of Western PA									.0	
00000	25-1516632	Pennsylvania Health Care Plan, Inc.									.0	
00000	94-3037822	Health Net Services Inc.									.0	
00000	54-2174068	Health Net Community Solutions, Inc.									.0	
95206	36-3097810	Health Net of Arizona, Inc.	(50,000,000)				(334,797,836)				(384,797,836)	
00000	54-2153100	Health Net One Payment Services, Inc.									.0	
00000		Health Net of Pennsylvania, LLC									.0	
00000	23-2456130	QualMed Plans for Health of Pennsylvania									.0	
00000	68-0390434	FH Surgery Limited, Inc.									.0	
00000	68-0390438	Foundation Health Facilities, Inc.									.0	
00000	98-0150604	FH Assurance Company									.0	
00000	68-0295375	Health Net Pharmaceutical Services					445,060,046				445,060,046	
00000	86-0660443	Health Net of Arizona Admin Services									.0	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

42.6

42.6

42.6

42.6

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....YES.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....YES.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....YES.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....YES.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES.....

Explanation:

13.

14.

16.

17.

18.

19.

20.

Bar code:



14.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES


8 0 7 9 9 2 0 1 7 3 7 1 0 0 0 0 0

16.


8 0 7 9 9 2 0 1 7 3 6 5 0 0 0 0 0

17.


8 0 7 9 9 2 0 1 7 2 2 4 0 0 0 0 0

18.


8 0 7 9 9 2 0 1 7 2 2 5 0 0 0 0 0

19.


8 0 7 9 9 2 0 1 7 2 2 6 0 0 0 0 0

20.


8 0 7 9 9 2 0 1 7 3 0 6 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23.
*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. State income tax payable.....	3,762,258	0	3,762,258	150,606
2305. Advanced Premium Tax Credit Payable.....	3,688,573	0	3,688,573	0
2397. Summary of remaining write-ins for Line 23 from Page 03	7,450,831	0	7,450,831	150,606



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF American Samoa

Telephone Number

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

GENERAL INFORMATION	
1.	If response in Column 1 is no, give full and complete details
2.	Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1	Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2	Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3.	Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1	Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2	Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4.	Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

Telephone Number 312-332-5401

02999999 TOTAL EXPERIENCE ON GROUP POLICIES	0	0	0.0	0	0	0	0.0	0
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1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"

360.FL



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Guam

NAIC Group Code	1295	NAIC Company Code	80799
Address (City, State and Zip Code)	Chicago, IL 60601		
Person Completing This Exhibit			
Title		Telephone Number	

[illegible]

GENERAL INTERROGATORIES

- | GENERAL INFORMATION | |
|---------------------|--|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state |
| 2.1 | Address: |
| 2.2 | Contact Person and Phone Number: |
| 3. | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B). |
| 3.1 | Address: |
| 3.2 | Contact Person and Phone Number: |
| 4. | Explain any policies identified above as policy type "O" |



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Minnesota

Title	Controller
-------	------------

Telephone Number 312-332-5401

360.MN

GENERAL INTERROGATORIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Mississippi

NAIC Company Code 80799

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

Telephone Number 312-332-5401

GENERAL INFORMATION	
1.	If response in Column 1 is no, give full and complete details
2.	Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1	Address: NAI, P.O. BOX 4 MADISON, WI 53744
2.2	Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3.	Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1	Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2	Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4.	Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

- 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

- 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

- 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

02999999 TOTAL EXPERIENCE ON GROUP POLICIES	0	0	0.0	0	0	0	0.0	0
---	---	---	-----	---	---	---	-----	---

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"

360.OH

**SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

360. OR

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"

360.TX



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

- 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

- 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

- 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

Person Completing This Exhibit David J. Burke

Title	Controller
-------	------------

NAIC Company Code 80799

Telephone Number 312-332-5401

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.VT



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2017
(To Be Filed by March 1)

Telephone Number 312-332-5401

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

1. If response in Column 1 is no, give full and complete details

4. Explain any policies identified above as policy type "O"

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The CELTIC INSURANCE COMPANY Insurance Company
Address (City, State and Zip Code) Chicago, IL 60601
NAIC Group Code 1295 NAIC Company Code 80799 Employer's ID Number 06-0641618

SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

[illegible]



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?

Yes [] No [X]

1.2

If not, state which kind is issued.

2.1

Does the reporting entity at present issue both participating and non-participating contracts?

Yes [] No [X]

2.2

If not, state which kind is issued.

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [X] No []

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the Instructions.

4.

Has the reporting entity any assessment or stipulated premium contracts in force?

Yes [] No [X]

If so, state:

4.1

Amount of insurance?

\$

4.2

Amount of reserve?

\$

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during the year:

\$

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [] No [X]

6.1

If so, state the amount or reserve on such contracts on the basis actually held:

\$

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$

Attach statement of methods employed in their valuation.

7.

Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current year?

Yes [] No [X]

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements?

\$

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3

State the amount of reserves established for this business:

\$

7.4

Identify where the reserves are reported in the blank:

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

8.1

If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$

8.2

State the amount of reserves established for this business:

\$

8.3

Identify where the reserves are reported in the blank:

9.

Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [] No [X]

9.1

If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:

\$

9.2

State the amount of reserves established for this business:

\$

9.3

Identify where the reserves are reported in the blank:

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	.0					
3. Investment earnings credited to the account .....	.0					
4. Other net change in reserves .....	.0					
5. Fees and other charges assessed .....	.0					
6. Surrender charges .....	.0					
7. Net surrender or withdrawal payments .....	.0					
8. Other net transfers to or (from) Separate Accounts .....	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year.....	.0					
11. Net change in reinsurance assumed .....	.0					
12. Net change in reinsurance ceded .....	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

NONE

[illegible]

205-5

205-5

205-5

205-5



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,841				1,841
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,841	0	0	0	1,841
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	20,000				20,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	20,000	0	0	0	20,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	15	395,000	0	0	0	0	0	0	15	395,000
									0	0
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)	(2)	(55,000)							(2)	(55,000)
23. In force December 31 of current year	13	340,000	0	0	0	0	0	0	13	340,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	131,851	133,289		57,267	52,492
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	131,851	133,289	0	57,267	52,492
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	131,851	133,289	0	57,267	52,492

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 23



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,898	3,896		344	384
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,898	3,896	0	344	384
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,898	3,896	0	344	384

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 1



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	517				517
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	517	0	0	0	517
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	2	70,000	0	0	0	0	0	0	2	70,000
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	70,000	0	0	0	0	0	0	2	70,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,847	11,210		11,450	11,427
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,847	11,210	0	11,450	11,427
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,847	11,210	0	11,450	11,427

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products1



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,359				4,359
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,359	0	0	0	4,359
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	24,000				24,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	24,000	0	0	0	24,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	50,000	(a) 0	0	0	0	0	0	1	50,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	50,000	(a) 0	0	0	0	0	0	1	50,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	380,826,585	380,826,585		257,387,568	280,142,670
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	380,826,585	380,826,585	0	257,387,568	280,142,670
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	380,826,585	380,826,585	0	257,387,568	280,142,670

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products85,720 and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	135,050				135,050
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	135,050	0	0	0	135,050
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,281	13,276		2,784	1,669
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	13,281	13,276	0	2,784	1,669
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,281	13,276	0	2,784	1,669

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 2



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,305	6,659		1,553	1,069
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,305	6,659	0	1,553	1,069
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,305	6,659	0	1,553	1,069

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 1



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	438				438
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	438	0	0	0	438
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	110,000	0	0	0	0	0	0	6	110,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(10,000)							(2)	(10,000)
23. In force December 31 of current year	4	100,000	0	0	0	0	0	0	4	100,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	179,047	181,162		100,398	104,157
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	179,047	181,162	0	100,398	104,157
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	179,047	181,162	0	100,398	104,157

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 46



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	70				70
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	70	0	0	0	70
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	10,000				10,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,000	0	0	0	10,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	2	30,000	0	0	0	0	0	0	2	30,000
									0	0
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	30,000	0	0	0	0	0	0	2	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,027	16,020		15,578	15,337
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,027	16,020	0	15,578	15,337
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,027	16,020	0	15,578	15,337

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 3



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	845				845
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	845	0	0	0	845
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	(42)				(42)
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	(42)	0	0	0	(42)
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		(42)							0	(42)
Settled during current year:										
18.1 By payment in full		(42)							0	(42)
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	(42)	0	0	0	0	0	0	0	(42)
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	(42)	0	0	0	0	0	0	0	(42)
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	7	465,000	0	0	0	0	0	0	7	465,000
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	7	465,000	0	0	0	0	0	0	7	465,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,382,990	4,444,045		4,026,131	4,043,782
25.3 Non-renewable for stated reasons only (b)	714,643,347	714,643,347		483,038,869	525,696,232
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	719,026,337	719,087,392	0	487,065,000	529,740,014
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	719,026,337	719,087,392	0	487,065,000	529,740,014

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products188,873 and number of persons insured under indemnity only products1,222



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	162				162
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	162	0	0	0	162
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	260,000	0	0	0	0	0	0	2	260,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(250,000)							(1)	(250,000)
23. In force December 31 of current year	1	10,000	0	0	0	0	0	0	1	10,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	320,812	320,519		287,211	272,880
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	320,812	320,519	0	287,211	272,880
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	320,812	320,519	0	287,211	272,880

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products91



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,553				3,553
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,553	0	0	0	3,553
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	21	1,350,000	0	0	0	0	0	0	21	1,350,000
									0	0
21. Issued during year										
22. Other changes to in force (Net)	(2)	(120,000)							(2)	(120,000)
23. In force December 31 of current year	19	1,230,000	0	0	0	0	0	0	19	1,230,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	29,023	33,459		22,968	19,656
25.3 Non-renewable for stated reasons only (b)	82,476,600	82,476,600		55,743,092	60,671,224
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	82,505,623	82,510,059	0	55,766,060	60,690,880
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	82,505,623	82,510,059	0	55,766,060	60,690,880

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 30,209 and number of persons insured under indemnity only products 6



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	695				695
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	695	0	0	0	695
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9	190,000	(a)0	0	0	0	0	0	9	190,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(50,000)							(1)	(50,000)
23. In force December 31 of current year	8	140,000	(a)0	0	0	0	0	0	8	140,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	384,874	381,404		201,870	187,673
25.3 Non-renewable for stated reasons only (b)	180,097,673	180,479,077		121,721,812	132,482,986
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	180,482,547	180,860,481	0	121,923,682	132,670,659
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	180,482,547	180,860,481	0	121,923,682	132,670,659

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 44,965 and number of persons insured under indemnity only products 76



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	127				127
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	127	0	0	0	127
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	43				43
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	43	0	0	0	43
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	43							0	43
Settled during current year:										
18.1 By payment in full	0	43							0	43
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	43	0	0	0	0	0	0	0	43
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	43	0	0	0	0	0	0	0	43
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	2	30,000	0	0	0	0	0	0	2	30,000
									0	0
21. Issued during year										
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	1	20,000	0	0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	88,923	88,287		61,111	61,405
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	88,923	88,287	0	61,111	61,405
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,923	88,287	0	61,111	61,405

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products20



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
									0	0
									0	0
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year										
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	28,457	28,125		18,812	19,099
25.3 Non-renewable for stated reasons only (b)	(897)	(897)			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	27,560	27,228	0	18,812	19,099
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,560	27,228	0	18,812	19,099

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products7



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	610				610
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	610	0	0	0	610
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,053				10,053
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,053	0	0	0	10,053
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	10,053							1	10,053
Settled during current year:										
18.1 By payment in full	1	10,053							1	10,053
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,053	0	0	0	0	0	0	1	10,053
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,053	0	0	0	0	0	0	1	10,053
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	30,000	(a)	0	0	0	0	0	1	30,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	30,000	(a)	0	0	0	0	0	1	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	21,000				21,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	21,000	0	0	0	21,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,121	17,267		9,947	9,458
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,121	17,267	0	9,947	9,458
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,121	17,267	0	9,947	9,458

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 3



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	85				85
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	85	0	0	0	85
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	20,000	0	0	0	0	0	0	2	20,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	20,000	0	0	0	0	0	0	2	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	2	40,000	0	0	0	0	0	0	2	40,000
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	40,000	0	0	0	0	0	0	2	40,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	27,786	27,773		23,938	24,370
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	27,786	27,773	0	23,938	24,370
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,786	27,773	0	23,938	24,370

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products7



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,831				2,831
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,831	0	0	0	2,831
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,029				15,029
10. Matured endowments					0
11. Annuity benefits	12,000				12,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	27,029	0	0	0	27,029
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	15,029							2	15,029
Settled during current year:										
18.1 By payment in full	2	15,029							2	15,029
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	15,029	0	0	0	0	0	0	2	15,029
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	15,029	0	0	0	0	0	0	2	15,029
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	17	766,000	(a)	0	0	0	0	0	17	766,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(15,000)							(2)	(15,000)
23. In force December 31 of current year	15	751,000	(a)	0	0	0	0	0	15	751,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	461				461
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	461	0	0	0	461
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	8,400				8,400
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	8,400	0	0	0	8,400
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	60,000	0	0	0	0	0	0	1	60,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	60,000	0	0	0	0	0	0	1	60,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,463	10,459		7,085	7,208
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,463	10,459	0	7,085	7,208
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,463	10,459	0	7,085	7,208

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 2



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	(6,336)	(6,336)		129,608	(43,982)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	(6,336)	(6,336)	0	129,608	(43,982)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(6,336)	(6,336)	0	129,608	(43,982)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products7 and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	343				343
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	343	0	0	0	343
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	1	100,000	0	0	0	0	0	0	1	100,000
									0	0
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)	(1)	(100,000)							(1)	(100,000)
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	91,993	91,557		65,184	71,868
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	91,993	91,557	0	65,184	71,868
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	91,993	91,557	0	65,184	71,868

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 19



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	49,895	50,846		41,455	41,120
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	49,895	50,846	0	41,455	41,120
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,895	50,846	0	41,455	41,120

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 14



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,014	1,013		482	26
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,014	1,013	0	482	26
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,014	1,013	0	482	26

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	498				498
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	498	0	0	0	498
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	270,000	0	0	0	0	0	0	2	270,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	270,000	0	0	0	0	0	0	2	270,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	135,620	144,103		68,702	69,764
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	135,620	144,103	0	68,702	69,764
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	135,620	144,103	0	68,702	69,764

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under
indemnity only products 22



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	24,000				24,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	24,000	0	0	0	24,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,022	12,017		3,007	2,625
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	12,022	12,017	0	3,007	2,625
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,022	12,017	0	3,007	2,625

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under
indemnity only products3



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	89,068,267	89,068,267		60,198,173	65,520,169
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	89,068,267	89,068,267	0	60,198,173	65,520,169
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,068,267	89,068,267	0	60,198,173	65,520,169

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products15,533 and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)					0	0
									0	0
									0	0
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	926,288	939,992		545,804	545,310
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	926,288	939,992	0	545,804	545,310
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	926,288	939,992	0	545,804	545,310

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under
indemnity only products197



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,780				5,780
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,780	0	0	0	5,780
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	2,225				2,225
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,225	0	0	0	2,225
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	5	320,000	0	0	0	0	0	0	5	320,000
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	5	320,000	0	0	0	0	0	0	5	320,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	52,742	53,526		26,008	27,276
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	52,742	53,526	0	26,008	27,276
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,742	53,526	0	26,008	27,276

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 13



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	95				95
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	95	0	0	0	95
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	63,950				63,950
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	63,950	0	0	0	63,950
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	1	5,000	0	0	0	0	0	0	1	5,000
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	5,000	0	0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,482				3,482
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,482	0	0	0	3,482
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,016				10,016
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,016	0	0	0	10,016
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	10,016							1	10,016
Settled during current year:										
18.1 By payment in full	1	10,016							1	10,016
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,016	0	0	0	0	0	0	1	10,016
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,016	0	0	0	0	0	0	1	10,016
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10	423,000	(a)	0	0	0	0	0	10	423,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	9	413,000	(a)	0	0	0	0	0	9	413,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	43,666	43,647		25,419	27,021
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	43,666	43,647	0	25,419	27,021
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	43,666	43,647	0	25,419	27,021

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 9



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,846	6,843		869	317
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,846	6,843	0	869	317
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,846	6,843	0	869	317

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 2



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,958				2,958
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,958	0	0	0	2,958
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,014				5,014
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,014	0	0	0	5,014
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	5,014							1	5,014
Settled during current year:										
18.1 By payment in full	1	5,014							1	5,014
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	5,014	0	0	0	0	0	0	1	5,014
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,014	0	0	0	0	0	0	1	5,014
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	300,000	(a)0	0	0	0	0	0	7	300,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	6	295,000	(a)0	0	0	0	0	0	6	295,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	80,252	80,371		33,942	33,856
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	80,252	80,371	0	33,942	33,856
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	80,252	80,371	0	33,942	33,856

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 17



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	144				144
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	144	0	0	0	144
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	14,300				14,300
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	14,300	0	0	0	14,300
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	20,000	(a) 0	0	0	0	0	0	1	20,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	20,000	(a) 0	0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,667	9,662		7,481	7,525
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,667	9,662	0	7,481	7,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,667	9,662	0	7,481	7,525

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 2



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds	215	XXX		XXX	215
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	215	0	0	0	215
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	15,000	0	0	0	0	0	0	1	15,000
21. Issued during year									0	0
22. Other changes to in force (Net)	0								0	0
23. In force December 31 of current year	1	15,000	0	0	0	0	0	0	1	15,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	0				
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	83,398	85,167		39,456	37,964
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	83,398	85,167	0	39,456	37,964
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	83,398	85,167	0	39,456	37,964

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 19



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,674	4,672		875	938
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,674	4,672	0	875	938
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,674	4,672	0	875	938

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 1



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,902				4,902
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,902	0	0	0	4,902
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	205,000	0	0	0	0	0	0	4	205,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(55,000)							(2)	(55,000)
23. In force December 31 of current year	2	150,000	0	0	0	0	0	0	2	150,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	100,063	105,597		62,444	61,261
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	100,063	105,597	0	62,444	61,261
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	100,063	105,597	0	62,444	61,261

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 22



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	308				308
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	308	0	0	0	308
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	5,000	0	0	0	0	0	0	1	5,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	5,000	0	0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	49,185	54,086		33,521	29,430
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	49,185	54,086	0	33,521	29,430
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,185	54,086	0	33,521	29,430

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 8



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,393				5,393
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,393	0	0	0	5,393
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	11	940,017	0	0	0	0	0	0	11	940,017
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	11	940,017	0	0	0	0	0	0	11	940,017

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,726	14,719		6,614	6,953
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,726	14,719	0	6,614	6,953
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,726	14,719	0	6,614	6,953

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 3



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SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	10,977				10,977
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	10,977	0	0	0	10,977
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	37,225				37,225
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	37,225	0	0	0	37,225
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	16	1,124,000	0	0	0	0	0	0	16	1,124,000
									0	0
21. Issued during year										
22. Other changes to in force (Net)	(3)	(170,000)							(3)	(170,000)
23. In force December 31 of current year	13	954,000	0	0	0	0	0	0	13	954,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	236,906	238,314		192,030	193,144
25.3 Non-renewable for stated reasons only (b)	696,054,160	696,054,160		470,466,345	512,023,973
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	696,291,066	696,292,474	0	470,658,375	512,217,117
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	696,291,066	696,292,474	0	470,658,375	512,217,117

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products164,473 and number of persons insured under indemnity only products42



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,190	9,153		11,318	12,501
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,190	9,153	0	11,318	12,501
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,190	9,153	0	11,318	12,501

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under
indemnity only products2



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	19,924	19,356		17,356	16,809
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	19,924	19,356	0	17,356	16,809
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,924	19,356	0	17,356	16,809

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 8



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,607				4,607
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,607	0	0	0	4,607
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	100,338				100,338
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	100,338	0	0	0	100,338
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	100,338							1	100,338
Settled during current year:										
18.1 By payment in full	1	100,338							1	100,338
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	100,338	0	0	0	0	0	0	1	100,338
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	100,338	0	0	0	0	0	0	1	100,338
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	15	1,240,000	0	0	0	0	0	0	15	1,240,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(250,000)							(3)	(250,000)
23. In force December 31 of current year	12	990,000	0	0	0	0	0	0	12	990,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	88,198	87,455		40,352	44,648
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	88,198	87,455	0	40,352	44,648
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,198	87,455	0	40,352	44,648

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products 28



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	23,462	23,430		12,277	12,000
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	23,462	23,430	0	12,277	12,000
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,462	23,430	0	12,277	12,000

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products5



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,481				1,481
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,481	0	0	0	1,481
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	3	140,000	0	0	0	0	0	0	3	140,000
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	3	140,000	0	0	0	0	0	0	3	140,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,976				1,976
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,976	0	0	0	1,976
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
				(a)						
	4	400,000	0	0	0	0	0	0	4	400,000
									0	0
20. In force December 31, prior year										
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	4	400,000	0	0	0	0	0	0	4	400,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,198	9,195		277	(250)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,198	9,195	0	277	(250)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,198	9,195	0	277	(250)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products1



SUPPLEMENT FOR THE YEAR 2017 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2017

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	59,538	0	0	0	59,538
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	215	XXX	0	XXX	215
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	59,753	0	0	0	59,753
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	140,451	0	0	0	140,451
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	372,150	0	0	0	372,150
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	512,601	0	0	0	512,601
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	6	140,451	0	0	0	0	0	0	6	140,451
Settled during current year:										
18.1 By payment in full	6	140,451	0	0	0	0	0	0	6	140,451
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	6	140,451	0	0	0	0	0	0	6	140,451
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	6	140,451	0	0	0	0	0	0	6	140,451
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
			(a)							
	172	9,373,017	0	0	0	0	0	0	172	9,373,017
	0	0	0	0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(22)	(1,100,000)	0	0	0	0	0	0	(22)	(1,100,000)
23. In force December 31 of current year	150	8,273,017	0	0	0	0	0	0	150	8,273,017

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	7,698,634	7,801,571	0	6,083,320	6,074,172
25.3 Non-renewable for stated reasons only (b)	2,143,159,399	2,143,540,803	0	1,448,685,467	1,576,493,272
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	2,150,858,033	2,151,342,374	0	1,454,768,787	1,582,567,444
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,150,858,033	2,151,342,374	0	1,454,768,787	1,582,567,444

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 529,780 and number of persons insured under indemnity only products 1,948